# Health Center Outreach and Enrollment (O/E) Quarterly Progress Reporting (QPR) Frequently Asked Questions
### Updated March 7, 2016

## General O/E QPR Questions:

1. **When will health centers need to submit the Outreach and Enrollment (O/E) Quarterly Progress Report (QPR)?**

   *Health centers that have received O/E supplemental funding are required to submit QPRs aligned with each Federal fiscal year (FY) quarter (October 1-December 31, January 1-March 31, April 1-June 30, and July 1-September 30). QPR reporting typically opens on the first of the month following the reporting period (i.e., October 1, January 1) and closes approximately 10-15 days later. Specific deadlines for the O/E QPR submission will be emailed through the Electronic Handbook (EHB).*

2. **What type of technical assistance is available to support O/E quarterly reporting?**

   *Supporting materials for O/E quarterly reporting are available at:*
   *http://bphc.hrsa.gov/programopportunities/fundingopportunities/outreachenrollment/index.html. In addition, HRSA staff is available to answer O/E QPR and other O/E questions at bphc-oe@hrsa.gov.*

3. **May I see what the O/E QPR report will look like when I access it in the EHB system?**

   *A sample QPR form, including additional details on what to include in each field, is available on the BPHC O/E website at*
   *http://bphc.hrsa.gov/programopportunities/fundingopportunities/outreachenrollment/index.html*

4. **Who should we identify as the O/E point of contact when submitting the O/E QPR?**

   *Health centers should identify the person who will be best positioned to respond to any HRSA questions about the O/E QPR submission.*

5. **How should a health center collect data for reporting in the O/E QPR?**

   *It is up to each health center to establish a consistent and reliable method to capture O/E data for reporting.  If you need assistance, please consult with your primary care association.*

6. **How will HRSA enforce QPR requirements?**
   *Health centers that do not submit the O/E QPR will have the entire Health Center Program grant placed on drawdown restriction. Failure to submit the O/E QPR may also result in ineligibility for Health Center Program supplemental funding opportunities.*

## O/E Activities 1A: *Number Trained*

7. **How does HRSA define the number trained?**

*It's defined as the number of assisters working on behalf of the health center who have successfully completed all required federal and/or state training (certified application counselor or equivalent, at a minimum) to assist individuals with enrollment through Federal, state-based, or state partnership marketplaces for the 2016 open enrollment period during the current reporting period.*

8. **NEW-The O/E QPR due in January 2016 will report data to be provided for the period of October 1 – December 31, 2015. How do we report individuals that were trained for the 2016 open enrollment period prior to October 1, 2015?**

*Quarter 1 (October 1-December 31): Health centers should report all individuals who have successfully completed all required federal and/or state training (certified application counselor (CAC) or equivalent, at a minimum) to assist individuals with enrollment through Federal, state-based, or state partnership marketplaces for the 2016 open enrollment period, even if that training was completed prior to October 1.*

*Quarters 2-4 (January 1-March 31, April 1-June 30, and July 1-September 30): Health centers should report only the number of individuals trained since the prior QPR (e.g., new staff or volunteers who are supplementing or replacing those reported as trained in the prior QPR.*

*Because this data element is intended to capture only the assisters who are trained to facilitate Marketplace enrollment, health centers should NOT include individuals trained ONLY to assist with Medicaid and CHIP enrollment. However, health centers should capture the assists provided by these individuals in the "Assists Provided" data field.*

9. **We have an out stationed eligibility assistance worker who is a state employee. Should we report those O/E contributions in our QPR?**

*Only report the activities that are conducted by trained employees, contractors or volunteers working on behalf of the health center.*

10. **We have had assister turnover and recently replaced a trained health center assister. How should we report this new assister in the O/E QPR?**

*As noted above (see Q 7), health centers should ensure that assisters working on behalf of the health center have successfully completed all required federal and/or state training (certified application counselor (CAC) or equivalent, at a minimum) to assist individuals with enrollment through the applicable marketplace type for the state for the 2016 open enrollment period during each reporting period.*

11. **How should our health center report the activities of health center assisters supported through another non-O/E supplement funding source (e.g., Navigator funding, state-specific funding)?**

*In order to capture the entire health center effort related to enrollment, health centers should report all assists provided, applications submitted, and estimated number of individuals enrolled assisted by all*

*trained health center assisters working on behalf of the health center, regardless of the funding source that is supporting the assisters' activities.*

**12. Should I report assists provided by individuals trained exclusively to assist with Medicaid and CHIP enrollment?**

*Yes. Health centers should report the assists provided by individuals trained exclusively to assist with Medicaid and CHIP enrollment. As noted in Q.8, do not include assisters not trained to assist with Marketplace enrollment in the "Number Trained" data field.*

*Note: Every health center should have a minimum of one FTE working on behalf of the health center that has completed all required federal and/or state training (certified application counselor or equivalent) to assist with enrollment through the Marketplace. HRSA encourages health centers to ensure that staff whose responsibility is solely to assist with Medicaid and CHIP enrollment be trained as a certified application counselor or the state-based equivalent.*

## O/E Activities 1B: *Assists Provided*

**13. What should be reported as <u>assists provided</u>?**

*Assists provided are defined as customizable education sessions about affordable health insurance coverage options (one-on-one or small group) and any other assistance provided by a health center assister to facilitate enrollment, such as:*

- *Understanding health insurance options through one-on-one or other customizable education,*
- *Creating a user account in the Marketplace,*
- *Updating an account profile and/or income information,*
- *Filing an exemption or appeal,*
- *Understanding Marketplace auto-enrollment notices,*
- *Submitting an application to/through the Marketplace or directly to the state Medicaid agency (also include as an application submitted),*
- *Understanding an eligibility determination and*
- *Selecting a new or different Marketplace plan.*

*Health center assisters should report an assist provided for each individual who will benefit from that O/E assistance, i.e., all family members represented by the individual(s) assisted (see Q 15 below).*

**14. Can <u>assists provided</u> be reported when assistance is provided through a phone call or email?**

*Yes, as long as the assist provided is consistent with the definition outlined in Q13.*

15. **How should we report the number of <u>assists provided</u> for an individual who is representing other family members?**

*Health center assisters who assist an individual representing other family members should count all the family members represented as part of the total number of assists provided, e.g., one individual who is assisted to set up an account and submits an application for herself and four other family members would be reported as:*
- *5 assists provided; and*
- *5 applications submitted.*

16. **What should <u>not</u> be reported as <u>assists provided</u>?**

*Do not report mailings, brochure distribution, conference calls, large group presentations, public service announcements, or other education and outreach that do not allow for customizable messages to consumers.*

17. **If someone is not eligible for coverage through the Marketplace, Medicaid, or CHIP, can that interaction still be reported as an <u>assist provided</u>?**

*Yes. Health centers should report an <u>assist provided</u> even if an individual is determined to be ineligible for insurance through the Marketplace, Medicaid or CHIP.*

18. **Does the health center need to track the assistance provided by individual trained health center assisters?**

*No. HRSA requires that assistance is tracked at the organization level. HRSA does not require health center assisters to track assistance by name or any other personal identifier.*

## O/E Activities 1C: *Applications Submitted*

19. **What should be reported as an <u>application submitted</u>?**

*The <u>application submitted</u> data reported should include all applications submitted to the Marketplace and/or directly to the state Medicaid agency for coverage in Marketplace qualified health plans and/or Medicaid or CHIP with the help of a trained assister working on behalf of the health center. Include the following;*
- *Applications submitted for enrollment in a new or different Marketplace plan, even by individuals previously enrolled, and*
- *Medicaid/CHIP renewals/re-enrollments.*

*<u>Note:</u> All applications submitted should also be counted as assists provided.*

**20. What is meant by "Medicaid/CHIP renewals/re-enrollments," in the sample QPR form?**

*The Medicaid/CHIP renewal and re-enrollment process varies by state. HRSA's intent is to capture all instances where health center assisters have provided assistance with Medicaid/CHIP renewals or re-enrollments.*

**21. Should I report both paper and electronic applications submitted?**

*Yes. Report all paper applications and electronic applications submitted with the assistance of a trained health center assister working on behalf of the health center.*

## O/E Activities 1D: Estimated Enrolled

**22. How is estimated number of individuals <u>enrolled</u> defined?**

*<u>Estimated number of individuals enrolled</u> is defined as the <u>estimated</u> number of individuals enrolled through the Marketplace, Medicaid, and/or CHIP with the help of a trained health center assister working on behalf of the health center.*

*Many health center assisters will not be able to directly link their assistance efforts to enrollment. HRSA does not expect health center assisters to make significant efforts (e.g., follow up calls) to determine whether an assisted individual has enrolled. Report the number of individuals determined or presumed to be eligible for coverage and for whom the assister has confirmation or reasonable confidence of an intent on the part of the consumer to complete the enrollment process (e.g., the consumer has selected a Marketplace plan and has been informed about how to pay the premium or has submitted a complete application to the state Medicaid agency).*

## Miscellaneous Questions

**23. How do I report <u>multiple activities that occur in a single session</u>?**

*If during <u>one</u> session an individual sets up an account, submits an application, selects a qualified health plan and pays or indicates the intent to pay the first premium with the assistance of a health center assister, report as:*
- *1 assist provided (to reflect the assistance provided in that single session);*
- *1 application submitted; and*
- *1 estimated individual enrolled.*

**24. How do I report assistance that occurs in <u>more than one session</u>?**

*Report an assist for each session in which assistance is provided. If an application is submitted and/or an individual is estimated to enroll in any of those sessions, report that outcome in addition to the assist provided. For example:*

- *Session 1: The health center assister provides in-person education about health insurance options (report one assist provided)*
- *Session 2: The health center assister assists the individual with submitting an application (report one assist provided and one application submitted)*
- *Session 3: The health center assister assists the individual in selecting a Qualified Health Plan and provides education about how to pay the premium*

*TOTAL = 3 assists provided, 1 application submitted, and 1 estimated individual enrolled.*

**25. How should I report assistance for an individual who represents other family members?**

*Health centers should report assistance, application submission, and estimated enrollment <u>by the number of individuals assisted</u>.*

*For example, if an individual <u>and two children</u> are assisted in a single session to set up an account, submit an application, and enroll in affordable insurance, report the following:*

- *3 assists provided (to represent all family members assisted in the session);*
- *3 applications submitted (to represent all family members included in the application); and*
- *3 estimated individuals enrolled (to represent all family members who will be covered)*

**26. Our health center did not report some of the assists we provided in the O/E QPR for the previous reporting period.  Should we include this data in the upcoming reporting period?**

*No.  Health centers should only submit through the O/E QPR the data captured for the specific reporting period timeframe identified.  Health centers can note in the Key Strategies and Lessons Learned narrative field within the O/E QPR those activities and data that occurred in the previous reporting period(s).*

**27. Are there different expectations for reporting health center in-reach versus outreach activities? (i.e., different levels of tracking for assistance provided to health center patients vs. assistance provided to individuals who are not health center patients)**

*No. O/E reporting will not differentiate between "in-reach" or "outreach."*